

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Katherine Clark for Congress

ADDRESS (number and street)

PO Box 361

Check if different  
than previously  
reported. (ACC)

Malden

MA

02148

2. FEC IDENTIFICATION NUMBER ▼

C

C00541888

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

MA

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y

11 / 25 / 2014

through

M M / D D / Y Y Y Y

12 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gemma W Martin

Signature of Treasurer

Gemma W Martin

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 10 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 10

Write or Type Committee Name

**Katherine Clark for Congress**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	5308.75	5308.75
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	5308.75	5308.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	24415.62	30247.47
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	24415.62	30247.47
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	303661.38	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	250000.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 10

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Katherine Clark for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized.....

308.75

308.75

(iii) TOTAL of contributions from individuals ▶

308.75

308.75

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

5000.00

5000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

5308.75

5308.75

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

5308.75

5308.75

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 10

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24415.62	30247.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	80.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	24415.62	30327.47

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	322768.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5308.75
25. SUBTOTAL (add Line 23 and Line 24).....	328077.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	24415.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	303661.38

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 10

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Katherine Clark for Congress**

Full Name (Last, First, Middle Initial)

INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES POLITICAL ACTION TOGETHER POLITICAL COMM

**A.**

Mailing Address 7234 Parkway Dr

City

Hanover

State

MD

Zip Code

21076-1307

FEC ID number of contributing  
federal political committee.

**C** C00000885

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2014

**Transaction ID : VPFDYC8JG08**

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

**TOGETHER PAC INC**

Mailing Address 123 Lewis Wharf

City

Boston

State

MA

Zip Code

02110-3926

FEC ID number of contributing  
federal political committee.

**C** C00494427

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2014

**Transaction ID : VPFDYC8JGG4**

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

**ZENECA INC. POLITICAL ACTION COMMITTEE**

Mailing Address PO Box 15437

C/O ZENECA INC.

City

Wilmington

State

DE

Zip Code

19850-5437

FEC ID number of contributing  
federal political committee.

**C** C00279455

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2014

**Transaction ID : VPFDYC8JFZ2**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5000.00

5000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Katherine Clark for Congress

Full Name (Last, First, Middle Initial)

**A. 4C Partners, LLC**Mailing Address 185 Devonshire St  
Ste 601

City Boston State MA Zip Code 02110-1414

Purpose of Disbursement  
Fundraising consulting expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2014

Amount of Each Disbursement this Period

8000.00
---------

Transaction ID : VPEEP9RPTS9

**B. 4C Partners, LLC**Mailing Address 185 Devonshire St  
Ste 601

City Boston State MA Zip Code 02110-1414

Purpose of Disbursement  
Postage and Delivery expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2014

Amount of Each Disbursement this Period

33.90
-------

Transaction ID : VPEEP9RPVD7

**C. 4C Partners, LLC**Mailing Address 185 Devonshire St  
Ste 601

City Boston State MA Zip Code 02110-1414

Purpose of Disbursement  
Fundraising consulting expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2014

Amount of Each Disbursement this Period

8000.00
---------

Transaction ID : VPEEP9RPW98

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

16033.90
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Katherine Clark for Congress

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 1 Adp Dr

City	State	Zip Code
Augusta	GA	30909-9373

Purpose of Disbursement  
Payroll expense

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		28		2014

Amount of Each Disbursement this Period

70.00
-------

Transaction ID : VPEEP9RPJF3

**B. American Express**

Mailing Address PO Box 1270

City	State	Zip Code
Newark	NJ	07101-1270

Purpose of Disbursement  
Credit card payment

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		08		2014

Amount of Each Disbursement this Period

676.52
--------

Transaction ID : VPEEP9RPA00

**c. Blair Candy Company**

Mailing Address 1215 7th Ave

City	State	Zip Code
Altoona	PA	16602-2401

Purpose of Disbursement  
Event expense

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2014

Amount of Each Disbursement this Period

398.52
--------

Transaction ID : VPEEP9RNZR4

[MEMO ITEM]

\*

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

746.52

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Katherine Clark for Congress

Full Name (Last, First, Middle Initial)

**A. New Blue Interactive, LLC**Mailing Address 4201 Connecticut Ave NW  
Ste 400

City Washington State DC Zip Code 20008-1128

Purpose of Disbursement  
Media Strategy Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
12	19	2014

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : VPEEP9RNYF2

**B. New Blue Interactive, LLC**Mailing Address 4201 Connecticut Ave NW  
Ste 400

City Washington State DC Zip Code 20008-1128

Purpose of Disbursement  
Media Strategy Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
12	19	2014

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : VPEEP9RNZ46

**c. The Chick Montana Group, LLC**

Mailing Address 202 Bonham Rd

City Dedham State MA Zip Code 02026-5404

Purpose of Disbursement  
Accounting and Compliance services expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
12	02	2014

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : VPEEP9RP2Q3

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7500.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Katherine Clark for Congress

Full Name (Last, First, Middle Initial)

**A. The Chick Montana Group, LLC**

Mailing Address 202 Bonham Rd

City	State	Zip Code
Dedham	MA	02026-5404

Purpose of Disbursement  
Postage & Delivery expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2014

Amount of Each Disbursement this Period

27.20
-------

Transaction ID : VPEEP9RP3J6

**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
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Amount of Each Disbursement this Period

--

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

27.20
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24307.62
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**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 10 OF 10

FOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VPFDYC8J8X1L

Katherine Clark for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Katherine Clark

**[PERSONAL FUNDS]**

Election: 2013

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
64 Prospect St

City

State

ZIP Code

Melrose

MA

02176-3037

Original Amount of Loan

250000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 12 / 2013

Date Due

M M / D D / Y Y Y Y  
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

250000.00

**TOTALS** This Period (last page in this line only)..... ►

250000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.